



CooperativeAid Inc.

# Mission Trip Application Form

Please return the completed application to Michele Wyatt  
at Cooperative Aid, Inc.  
***michele@coopaidinc.org***

## Mission Trip Details

For what mission trip are you currently applying? \_\_\_\_\_

Mission Trip Location: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_  
First Middle Last (As it appears on passport)

Address: \_\_\_\_\_ Apartment/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: (M) \_\_\_\_ (D) \_\_\_\_ (Y) \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

## Passport & Languages Information

Citizenship: \_\_\_\_\_ Do you have a valid passport:  Yes  No

Passport Number: \_\_\_\_\_ Date of Expiration: (M) \_\_\_\_ (D) \_\_\_\_ (Y) \_\_\_\_

Do you speak another language:  Yes  No

If yes, what language(s): \_\_\_\_\_

## Talents & Capabilities

Occupation: \_\_\_\_\_

Specialty: \_\_\_\_\_

Any Licenses: \_\_\_\_\_

Has your license ever been suspended or revoked for any reason?  Yes  No

## Health & Safety Information

### Medical Information:

Do you have any medical condition(s) we should be aware of?

Yes  No

If so, please elaborate:

Are you aware of any other limitations to your health that would impact your ability to safely participate in this mission trip?

Yes  No

If so, please elaborate:

Do you have any known drug, food, or other allergies? If so, please list them:

1.	4.
2.	5.
3.	6.

Have you ever been charged or convicted of a felony?  Yes  No

## Emergency Contact

Who should we notify in the case of an emergency:

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Acknowledgement

I have read and understand the above information. The information I have given Cooperative Aid Inc is accurate and true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_